Black and Latino People Are Less Likely to Receive Liver Transplants

In 2018, Black and Latino patients with advanced cirrhosis had a higher risk of mortality compared with white people.

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While disparities in the likelihood of receiving of life-saving procedures for decompensated liver cirrhosis have improved over time, Black and Latino people continue to be less likely to get liver transplants compared with their white counterparts, according to study results published in JAMA Network Open.

Over time, hepatitis B, hepatitis C, fatty liver disease, heavy alcohol use and other causes can lead to serious complications, including cirrhosis, liver cancer and liver failure. Decompensated liver disease occurs when the liver can no longer carry out its vital functions. Symptoms may include portal hypertension (elevated pressure in the main vein supplying the liver), variceal hemorrhage (bleeding from enlarged veins in the esophagus or stomach) and ascites (abdominal fluid accumulation).

Various procedures may be performed in hospitals to manage these complications. In the most severe cases, a liver transplant may be the only option. Data on disparities in hospital procedures for people with advanced liver disease are not well established.

Lauren Nephew, MD, of Indiana University School of Medicine, and colleagues analyzed racial and ethnic trends in hospital procedures for people with decompensated cirrhosis in the United States. Using the National Inpatient Sample, they analyzed cirrhosis admission data between 2009 and 2018.

Of the 3,544,636 people admitted to a hospital with cirrhosis, the average age was 58 years, 47% were white, 18% were Latino and 10% were Black. Hospitalized women were more likely to be Black, and Black patients had more comorbidities. Across all groups, alcohol-related liver disease was the most common cause of advanced cirrhosis. About a quarter of patients across all groups had non-alcoholic steatohepatitis (NASH). Black people were more likely than other groups to have hepatitis C.

During the study period, the likelihood of receiving an upper endoscopy procedure for variceal hemorrhage dropped for Latino patients compared with white people but rose for Black patients.

By 2018, the odds of receiving this procedure were similar across all groups. Black patients remained less likely than white people to undergo transjugular portosystemic shunt (TIPS) procedures for variceal hemorrhage or ascites.

Over the study period, the chances of Latino people receiving a liver transplant fell compared with white people, while the odds for Black people rose. Although the disparity lessened for Black and Latino patients over time, both groups remained less likely than white patients to undergo liver transplantation in 2018.

From 2009 to 2018, the risk of death among Black and Latino patients admitted for advanced cirrhosis decreased, but at the end of this period, the odds of death were still higher for Black people compared with white people.

“These findings suggest that racial and ethnic disparities in receipt of complex life-saving procedures and in mortality in the U.S. persisted over time,” wrote the researchers. “While these procedures are more complex and higher risk, they are also lifesaving for patients with decompensated cirrhosis. Targeted efforts will be required to ensure that another decade does not pass without improved equity in these lifesaving procedures.”

Click here to read the study in JAMA Network Open.
